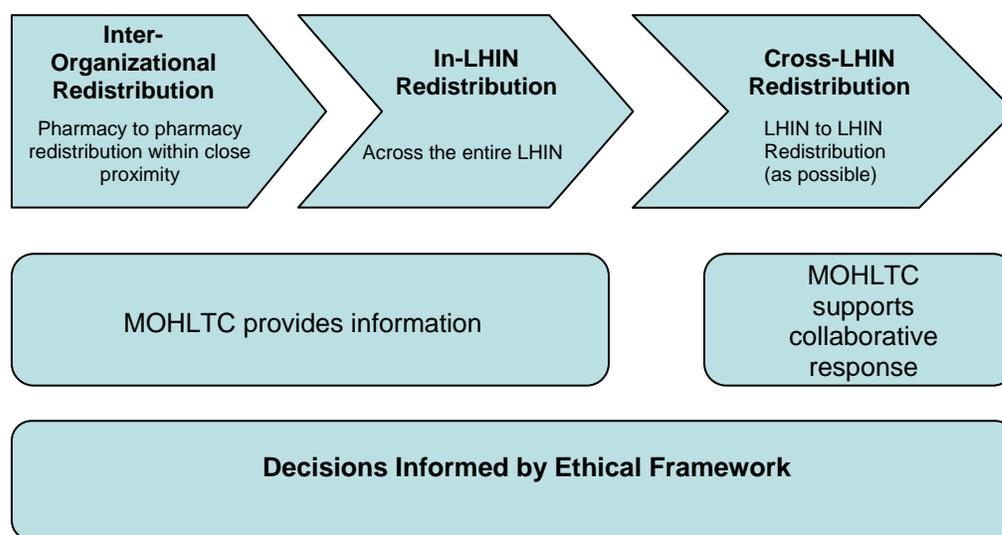


Inventory Management: Redistribution Plan

The following framework below is intended to guide decision making at all levels of the health care system. It does not constitute a legally binding instrument, but is intended as a guide only.

This framework contemplates that immediate steps be taken to establish the following processes at the organizational level (step 1) and the LHIN level (step 2) in order to facilitate ministry led discussions concerning cross-LHIN redistribution within the week of April 02, 2012.

Stepwise framework to guide the redistribution of drug products



Step 1: Local level redistribution (existing mechanisms)

- Health Service Providers report through Hospital Inventory Information Template (HIIT) and Community Inventory Information Template (CIIT) processes to the ministry.
- Decisions are guided by the [Ethical Framework for Resource Allocation During the Drug Supply Shortage](#), STAGE 1.
- Pharmacies use existing mechanisms to share medications within local areas using pharmacy best practices where possible.
- Health Service Providers are encouraged to coordinate redistribution decisions within their organizations using decision making structures appropriate or scaled to the organization and sector. For example:
- Implement an Incident Management Systems (IMS)
 - Organization's CEO/Executive Director or delegate leads the response. Roles within the IMS structure may include representation from the executive team, communications, Chief of Staff, Chief of Surgery,

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pharmacy leadership, Chief of Medicine, Chief of Anaesthesia or clinical practice lead(s). (For more information about IMS see [information provided by Emergency Management Ontario](#)).

- IMS team's primary mandate is to: receive inventory reports; review inventory reports, recommendations from the expert panel as well as provincial, LHIN and local updates; make decisions as required; approve and inventory of all practice changes; communicate important information within the organization and as appropriate to the LHIN and ministry; track and allocate resources within the organization; develop an organizational action plans to prioritize response activities.
- The IMS team meets two - three times per week or as necessary.
- Convene an Expert Panel
 - The senior medical leader / chief and Director of Pharmacy or local community pharmacy leads the panel with representation from anaesthesia, medicine, surgery, or organization's clinical practice lead(s), and the management team.
 - The panel is to review clinical impacts, recommend conservation and practice changes, monitor adverse effects of practice changes, receive input from other clinical services and engage local practice groups, bringing recommendations to IMS team for practice changes and conservation strategies.
 - Meets three times weekly or as necessary.
- Leverage existing relationships to partner smaller organizations with larger organizations such as hospitals or other community organizations to jointly implement the redistribution process and expert panel.

Step 2: LHIN level redistribution

- Health Service Providers continue reporting through HIIT and CIIT processes to the ministry.
- Step 2 actions are informed by ministry reports (e.g., HIIT data, CIIT data, information about new Notices of Compliance issued by the federal government for specific products) as well as locally-generated information.
- Decisions are guided by the [Ethical Framework for Resource Allocation During the Drug Supply Shortage](#) - STAGE 1.
- LHINs support the redistribution of products within their jurisdictions, as far as possible. This may include movement of drug products from hospital to community pharmacy or modification to patient supports upon discharge for example. LHINs coordinate CEO / Pharmaceutical Coordination Tables within their jurisdictions, and these tables will be the primary method for (a) sharing information and best practices and (b) making requests for the sharing of drug products across the LHIN.
- Suggested membership of these tables includes the LHIN CEO or delegated decision maker, hospital CEO or delegated decision maker, hospital Director of Pharmacies, CCAC senior decision maker and pharmacy representative, other individuals as appropriate (e.g., LHIN level Primary Care Lead, Emergency Medical Services representative, palliative care representative).
- The LHIN representative facilitates these tables. Issues discussed include: supply challenges (e.g., HIIT / CIIT reports) and opportunities to share products within the

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LHIN; anticipated service changes within the LHIN; best practices for mitigating the impacts of this event developed by service providers within the LHIN; specific logistical mechanisms for redistribution and tracking movement of drugs within the LHIN; financial considerations and other issues as they emerge. LHIN-level action plans should be developed to prioritize response activities and respond to specific local events.

- Meet two or three times weekly or as necessary.
- The LHIN facilitator of the CEO / Pharmaceutical Coordination Table notifies the ministry's EOC if a drug is of specific concern (e.g., most health service providers are at the critical supply (5 days or less)).
- If no local organization is able to supply a drug product in a timely fashion, the LHIN will recommend Step 3 redistribution or depending on urgency of situation use of the [Ethical Framework for Resource Allocation During the Drug Supply Shortage](#) - STAGE 2 to assist with decision making.

Step 3: Cross LHIN redistribution - as possible

- Reporting by Health Service Providers continues through HIIT and CIIT processes to the ministry.
- Decisions are guided by the [Ethical Framework for Resource During the Drug Supply Shortage](#) - STAGE 1.
- Ministry reports (e.g., HIIT data, CIIT data, information about new Notices of Compliance issues by the federal government for specific products) provide context for decisions. These reports are used to determine which geographic areas / LHINs are potential candidates to redistribute medication to other LHINs.
- LHINs support the redistribution of products across LHIN boundaries, where possible, through a Cross-LHIN CEO / Pharmaceutical Coordination Table. The ministry participates in this table along with disease-specific networks such as the Cardiac Care Network as is applicable. The ministry and the LHIN CEO lead (Deborah Hammons) will co-facilitate the Cross LHIN CEO / Pharmaceutical Coordination Table.
 - LHIN leads of each of the 14 Pharmaceutical Coordination Tables meet with the ministry EOC via conference call to share information and status reports as well as anticipated local challenges with specific drug products and the resultant impacts.
 - A cross LHIN action plan is developed to prioritize response activities.
 - Meet weekly or bi-weekly and as necessary to coordinate specific actions.
 - EOC tracks redistribution of drugs between LHINs using information from the conference call.
 - LHIN establish mechanisms to reach back to their Health Service Providers and their local Pharmaceutical Coordination Tables to identify and coordinate requests with 'sending' organizations.
- Where no other LHIN can supply specific drugs in question, providers will move to STAGE 2 of the [Ethical Framework for Resource Allocation During the Drug Supply Shortage](#) that outlines priority access ranking.